

N^o. 54.
On Scrophula.

By Nathan L Boulden of Delaware
passed March 26. 1816.
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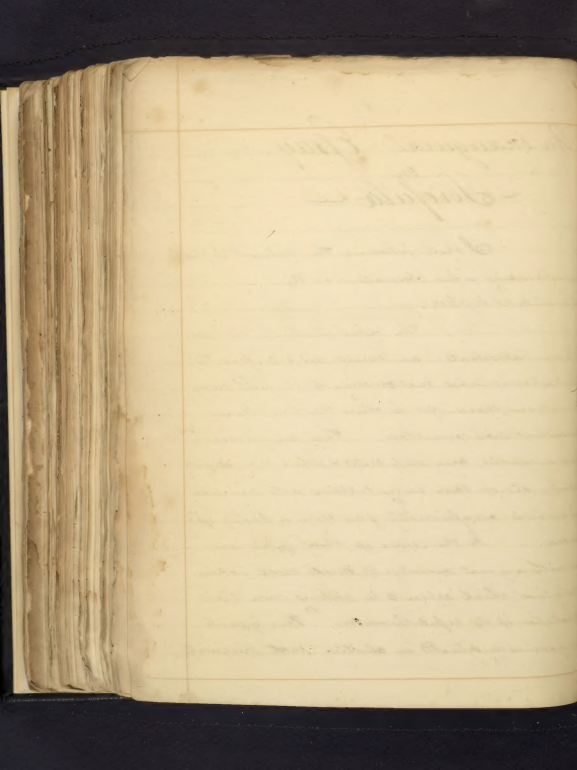
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An inaugural Essay
on
the Lymphatic System

I shall introduce the subject of this
thing, by making a few observations on the
Absorbent System.

The vessels to which we give
the name "absorbents" are small delicate, fine, tho'
fine transparent tubes, anastomosing freely with each
other in many places, yet in others they run many
inches without such connections. They are generally
found in bundles, some clasp coated & others more super-
ficial; all of them being supplied with numerous
valves which occasionally give them a knotted ap-
pearance.

In the course of these vessels are
met with a great number of small oval bodies
called "glands," which appear to be nothing more than
convolutions of the vessels themselves. These glands
are generally situated in clusters, most frequently

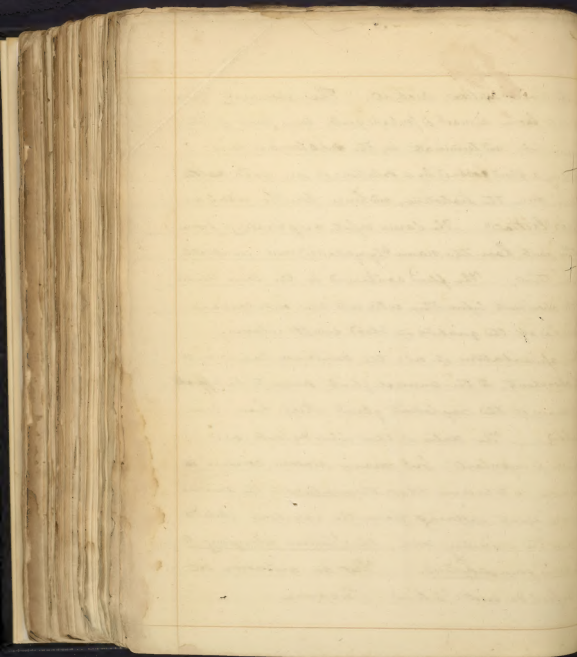


in the veins: Willkes, Arch. &c. The absorbents originate from almost & perhaps quite, every part of the human body, and terminate in the subclavian veins.

carrying a fluid ~~formed~~ by a solution of our food called Chyle, from the intestines, and hence are the vessels called "Lacteals". The same vessels originating from other parts, have the name "Lymphatics", more immediately given them. The fluid contained in the large trunks of the absorbents before they enter into the subclavian veins has all the qualities of blood except colour.

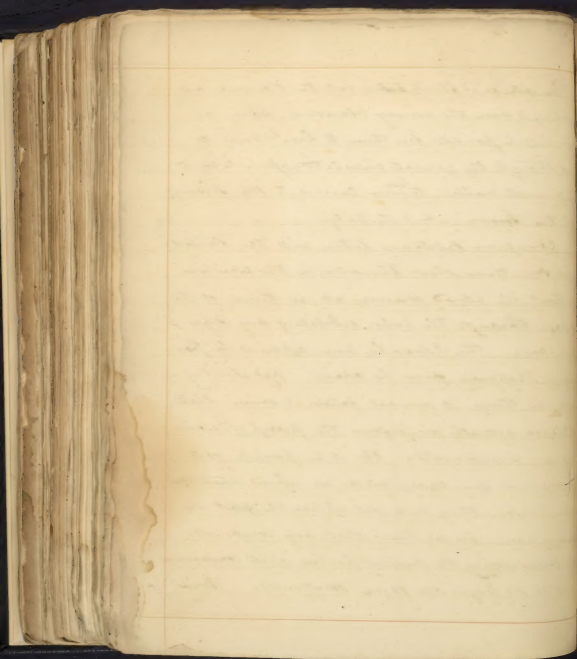
This assimilation, of all the substances taken into the absorbents, to the animal fluid, seems to be effected by means of the conglomerate glands which have been noticed. The duties of these conglomerate glands are

various & important, but many reasons concur in inducing us to believe that the functions of the animal require agents differing from the absorbents which it is in the disjunctive room, the Salivary belonging to the same general system. That an unknown set of vessels do exist I believe because



1. st The superfluous fluids ~~enter~~ ^{pass} into the stomach and discharged from the urinary bladder, before we conceive it possible for them to have ^{had} time to pass through the general circulation, ^{or} assimilated to the animal matter, ^{to} ^{be} ^{then} carried to the kidneys and thus thrown out of the body.

2. Effluvia Substances taken into the stomach will sometimes show themselves in the excretion without the blood drawn at the time of the passage ~~through~~ the body, exhibiting any sign of muck odour. This I know has been explained by Professor Chapman from his chair, yet admitting, as I do, his theory, it does not follow of course that substances actually do perform the process of decomposition & reformation. Tho' it be possible in a few cases; and we are assured that the whole professors theory will not explain the fact in many cases; for we know that any compound substance, losing the smallest portion of its component parts is no longer the same compound. Now

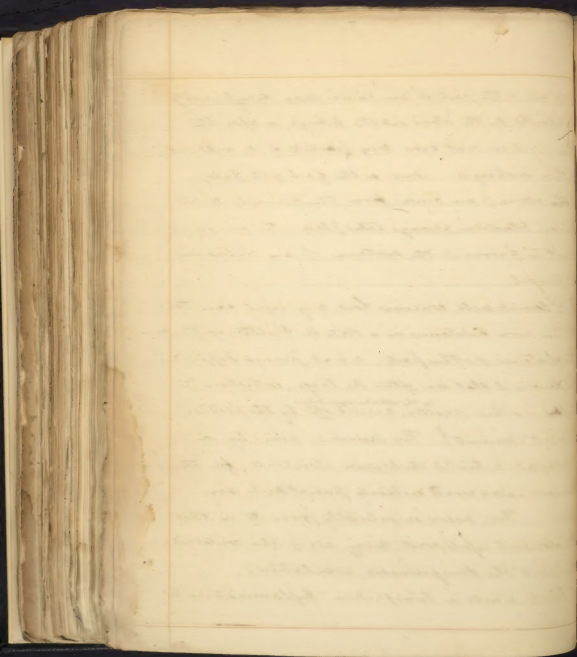


altho' all of the parts of an omea may occasionally be reposed by the blood into the kidneys, or upon the skin, yet in most cases every particle of it, will not be thus discharged: And as the fact of the passage of the odour of an omea from the stomach to the urinary bladder always takes place, tis an argument in favour of the existence of an unknown bit of asphal

3. I cannot well conceive how any vessel can take up this own substance in a state of health, without the assistance of other parts, as is at present supposed.

4. How is it that we often see large collections of water or other matter, ^{in the cellular membranes} carried off by the bladder in a few minutes? This cannot be done by a "retrograde action" of the known absorbents, for the numerous valves would certainly prevent such an action. These valves incontrovertibly prove to us that the absorbent vessels must carry all of this contained fluids into the sanguineous circulation.

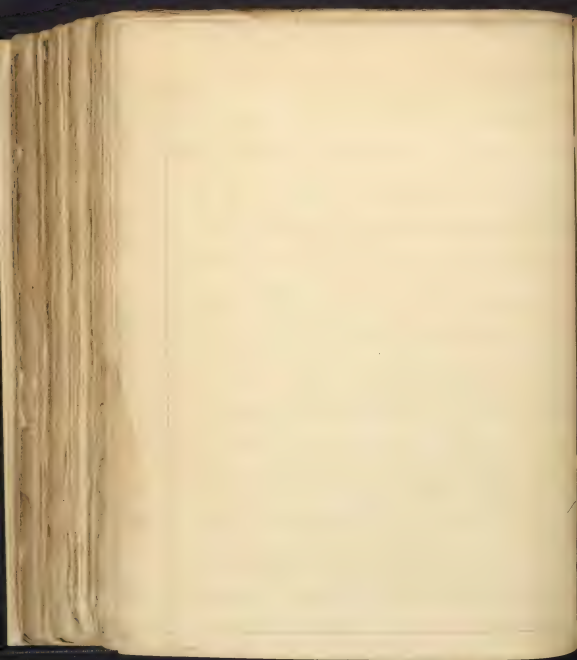
5. Fluids as well as tumefactions, Inflammatory or



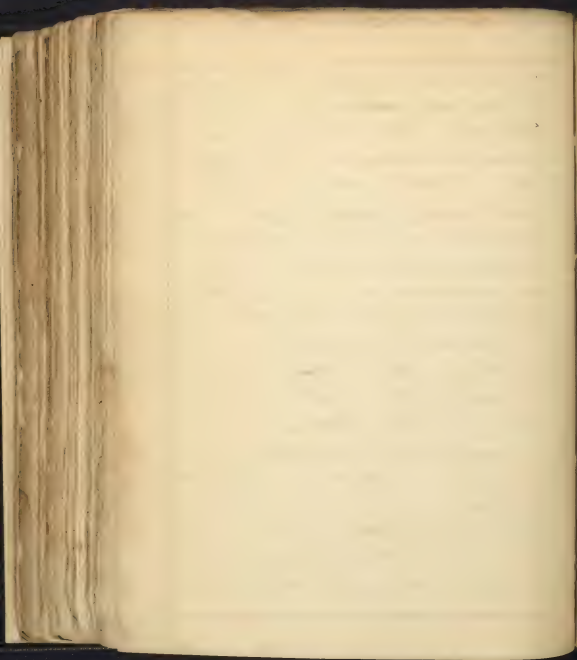
may be suddenly translated from one to a
 distant ^{late} part of the body, where the known absorbent could
 not have carried them. They evidencing an undeniable
 that it is of use.

6. Analogy lends its aid in the same conclusion, for if
 we take a general view of the animal Machine and
 will ~~have~~ the general impression, produces that it
 lives only in an equilibrium of powers: thus
 the Medical theorist gives us his treatment. & quite
 ably; The Physiologist speaks confidently of his
 arterial & venous blood & Aplems; In the Muscles
 we have power & antagonists: In Pathology we
 are directed to attend to Sympy, & Inflammatory symptoms
 &c. &c. Many more arguments might have
 been urged in favour of our hypothesis; but this
 alone struck me as being the most direct to the
 point; Finally, in the Theory to be given of
 the subject of this Essay it is not absolutely necessary
 to suppose that such vessels as has been imagined do,
 or do not exist; and hence I shall write but little

more until I do this part of the subject. H
 May be asked if an other set of vessels besides those
 already known, exist, why do not the anatomists point
 them out to us? As a reply to this I will ask
 why are not abundant found & shown us by the
 anatomist in the brain, bones, and other parts where
 we cannot see them but know they do exist by their
 effects? The answer is because they are too
 minute & become so in its infancy! Just
 the same reply may be made to the first question.
 It is not probable that we shall ever be able to demonstrate
 the vessels I have been speaking of, even should they
 most certainly exist. Nor do I warm it at all
 necessary that we should, for I am well convinced that
 anatomists & physiologists have paid too much attention
 to this eye sight. Vision has its limits - or else we
 would not hear one man say he has seen the retina
 of the eye extend to the crystalline lens and another
 say it never is found to reach further than to the
 commencement of the ciliary process. Neither would



one lot of men see the same facts in the same or very different in shape from what others do; Nor would Lubbock, Newton, & Morrell? Have seen the common consent of the lacteals so very differently from each other. The fact is, nature has fixed a limit (never to be passed) to absolute wisdom, or in other words that point-day, first in which habit ceases to give all men the same view of space, or a body. Machines understood the same language till a period or point of time arrived when there was a necessity for this common language to cease. It did cease, & language afterwards became subjective & idiosyncratic. Not known by material or inherent means, but to be learnt. But to return to the subject. I do not feel myself able satisfactorily to explain where these supposed vessels are fixed, tho' from considerable reasoning & some experiments, I am disposed to believe this situation is the cellular membrane, and indeed that this membrane is the inputs themselves, which form lamina or plexus. The supposition would



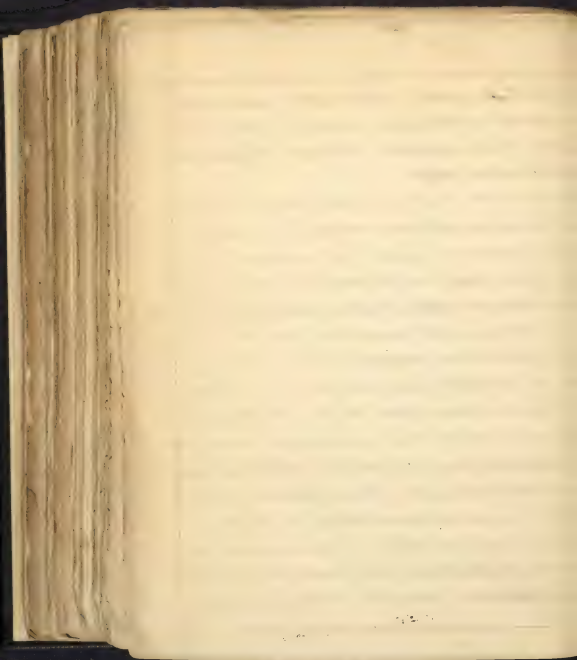
lead to some new important physiological conclusion
different from received opinion upon the subject
but here I shall leave it, as I write from
necessity and convince it more the duty done to
myself to perform my task, than propose new
opinions or enter into any discussions.

On Dropsy on Crofula

1st To Seek. It has been about five years
since I have read Cullen's first line and it is not
convenient for me at this moment to lay my
hands upon this work; tho if my memory does not
fail me very much, I am not sorry in supposing
he considers dropsy to be a disease alone of the
Lymphatic system. Carmichael is the only one
whom I know, that has written a treatise of any
length upon the subject: he calls this disease an
affection of the digestive organs, and hence these
two writers seem to differ in opinion, but as the
one has not expressly told us what he means by

the Lymphatic system; nor the other what an his ideas of the Digestive organs, & both give the same symptoms to the affection, I conclude they did not in reality widely differ.

I am aware the impression that Angioma has its peculiar seat in the absorbent system. both the known & unknown vessels being included; however I will observe that I do not esteem it absolutely requisite that the supposed vessels should exist in order to entertain the ideas I do; and have no doubt whatever but that the known system of absorbents penetrates into every part of the body where Angioma is ever found, the the extensive ramifications & penetrating cannot be overestimated. Indeed according to our present ideas, ulceration cannot go on without absorbents, The conglomerate glands the joints & bones are most subject to Angioma, and as it is a general disease of the absorbents they are not surprised to find upon dissection the vessels inflamed, swollen, ulcerated & otherwise diseased.



the mountain flanks are very generally affected.

2. Causes of Scrophulous.

By merely looking into medical books we would suppose it the easiest thing in the world to become acquainted with the causes of scrophulous, for the older writers confidently gave a long train of "Predisposing" and "Exciting" causes, which have been handed down to us, by succeeding authors copying them till the present day, with very little variation. The principles & most important of these are: 1. Hereditary taint or disposition. 2. Living long in unhealthy situations of crowded cities, damp cellars &c. 3. Poverty & its too often attendant hunger nakedness filthiness &c. 4. Confinement in cold wet situations, 5. Great bodily fatigue 6. Mental employment. Then, &c. &c. They are occasionally both the predisposing & exciting causes, at other times some of them will predispose the system, and the other produce the scrophulous action. All of these may



be very true, but I should not fear to profess more
 under these circumstances more frequently than
 any other ^{one} disease. I think however not ex-
 cepting of the first cause i.e. secondary dyscrasias
 for in these we make cases of the disease which
 have come immediately under my own notice,
 i.e. the situation, wealth & morality, forbid the
 supposition that any of the above named causes
 of purpura could have existed, unless the first
 said, in one of these cases hereditary taint, I think
 did exist, as the father persisted after a long illness
 with irregularly gouty symptoms. To support this
 opinion I should make use of the same argu-
 ments that Hunter did, to prove his principles
 that Syphilis may precede the other disease
 which disease not in the most unusual well
 recognizable of some Syphilitic symptoms. and on
 the other hand several symptoms may be masked
 by existing syphilitic positions; As in the case of the
 gentleman above alluded to. I suppose a syphilitic
 position

reaction to *Proserpina* does exist but the numerous exciting causes of grief to which he subjected himself, combined with his hereditary affection to aggrandise the appearance of the constantly irritating cause.

When the latent disposition exists in the human body to *Proserpina*, I do not doubt but what the cause above named may in some few cases excite the action; but I much more readily to believe we know nothing of the most frequent exciting cause of *Proserpina*.

3. Malin of Proserpina. This is difficult to explain. It appears to me however to be intimately connected with sympathy but as this is a principle of which I know but little, I shall not give some experiments which I have made upon the subject. It is not since that any change takes place either in the quality or quantity of fluids passing through glands enlarged in *Proserpina*. I conclude that no great change takes place in the capacity of the vessels, for from

our present knowledge of Scudum it would seem certainly
 is the efficient agent. Predisposition to Scrophula
 is like latent poison, either of which may exist a
 long time in a dormant state, or without disease action;
 but as here some change must exist; and as the length
 of time would indicate this is not chemical, it must
 be mechanical. In applying this principle to the
 predisposition for Scrophula we must conclude that a
 particular construction or arrangement of the particles
 composing the coats of the absorbents do exist which will
 permit them to take on Scrophulous action when the
 proper exciting cause is applied. This exciting cause
 may be some of the common agents met with, & even of
 life. Such a structure of parts may originally be
 formed; or may be produced by disease in the coats of the
 absorbent vessels, and should the agents met with
 during life be insufficient to produce the disease,
 the person so disposed may transmit the same kind
 of predisposition to his offspring, which may then pass
 down any number of generations before an exciting

Note
perhaps?

* I mention Dropsy in conformity to the received opinion that it is a disease of the absorbent system. - I am disinclined to believe it is a diseased action of the absorbent membrane which in health separates fat, changing this secretion into water or other matter. The cells of the cellular membrane, I perhaps the tubes, which I have supposed form the membrane, contain the morbid secretion; and by their undemonstrated action, I suspect it is that the water is carried off.

The action being destroyed or suspended by some distention is the reason why the water of Dropsy is not immediately carried off when formed.

The above opinion I believe I believe 1.st Gmelin in another opinion except Dropsy so we can find the body entirely destitute of fat. - 2 The Lymphatic system may not move in the subjects who died with Dropsy have their absorbents universally affected; & the cellular membrane is changed. No water, more than usual is found in their absorbents nor is their blood thinner than other persons.

Other reason I will not give.

cause, sufficiently powerful to produce the specific or
perfolious action, is met with in the life of the
pubescent person, and hence it is we often find
grandfathers & grandsons perfolious and the inter-
mediate father & son escape the disease; Physiog-
nomy is not the same in every member of every
family, therefore we may expect that sometimes
the child will not inherit the perfolious taint of
its parent. These exceptions are however very rare.

The cause of pueris originally found becoming
perfolious, or disposed to it rather, is Lues, such
as Syphilis, Scum, & Dropsy &c. In elucidating
of this subject I will relate the following case.

A healthy man, born of healthy parents in a healthy
country professing like his parents, all of the comforts of life
had born to him three remarkably fine healthy children
which have continued to ^{be} well & strong, when he became
affected with Syphilis, which from improper treatment
or some other cause run through to all of its stages
and was at length cured by Mercury, after which he

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X. in Wiser had one daughter, now almost
healthy. She then received a syphilitic shock. The woman
was attacked with several symptoms which at length nearly
left her. But the intense purgation after some time
restored the constitution. After marriage, she increased in
the had to Milwaukee, etc. & where died long after.
They were for some time. The circumstances.
in this, means I relate: see for a gentleman of the
formation and understood business, a Native of
New England came to this State, where he remained
some time. Billings B.B.

became scrofulous, in which neither mercury nor any other medicine has had any good effect. During the later disease he became the father of a fourth child who at the age of about three years exhibited well marked tho' mild scrofulous tumour in the neck. & To explain my idea of this phenomenon more completely I will add that I believe Syphilis to be a disease of the absorbent system.

Scrofula is not a contagious disease, nor do I believe that any person could be affected with it unless a predisposition was formed & matured, either originally, or by disease. As scrofula is a disease of the whole absorbent system I do not believe it can exist at the same time with Syphilis, being, as which also belong to the absorbent; yet one may well predispose, as before said, to the other. This disease is the same, no matter how produced, & like Syphilis of a permanent & specific action; hence like Syphilis, we may hope a complete & certain antidote may be found for it. Scrofula generally makes its appearance in children

probably died to it between the 3^d & 4th year of age.

Such children are generally found with light countenances, but smooth thin, fair hair. Soreness and remarkable fine, mented pores; they are lively, early fatigued, but as quickly restored. They resemble consumptive patients in many instances, as having lax cellular membranes, occasionally & easily excited lungs, & exhilarated spirits &c. &c.

4 Of the Symptoms.

Scrophula usually makes its appearance in small oval indolent swellings of the neck, which we find to be conglomerate glands, which continue slowly to increase for years in most cases, tho' more rapidly in others; but such swellings are generally at first pained, which may continue even for years very slowly increasing before it is accompanied with other, but always sooner or later others are perceived in the neighbourhood. At length these tumours inflame, suppurate & discharge their matter through

small opening, that in time, heal up leaving ugly puckers
 up scars. The first tumors are followed & accompanied
 with others all over the body when such glands and
 which in length of time, inflamed, suppurate and at
 length heal up, thus leaving the patient in a state
 of death. Generally this happy termination takes
 place about puberty, but I do not know that such
 a course of the disease destroy the predisposition, &
 saves the offspring. This is the most mild & by far
 the most rare termination of the affection; sometimes
 obstinate ophthalmia comes on with excruciating pain
 particularly in the joints, bones, and other deep seated parts
 which is much increased by the slightest motion;
 Matter is formed in these pained parts, which slowly finds
 its way outwards till at length the skin seems to burst in
 many holes, and a most troublesome & noisome discharge
 takes place which from without great ease becomes an
 unwholesome fœtus; the bones become caries, & the
 suppurates, & death generally puts an end to the
 patient's suffering. However in some rare in-
 stances

instances, books, tell us the disease may be terminated at almost any stage of the disease, generally leaving the parts affected considerably deformed with scars, stiff joints &c. &c. In scrofula the soft solids are very much relaxed; the cellular membrane is singularly thick and the bones not having a sufficient quantity of animal earth partake of the general debility & are broken. The minds of scrofulous persons are generally lively similarly to that of Consumption patients, and the resemblance may be observed even further, for in both, together with suppurative elevation of animal spirits, we find a remarkable disposition to, with incapacity of long supporting, much exercise; and such exertions soon produce languor, which as soon leaves the patient & is forgotten. Great restlessness often exists in both.

Many of the symptoms of scrofula being, like Scurvy venereal and the one often following upon the heels of the other, it is very difficult to distinguish between them. However when mercury

Early & judiciously administered, does not cure the disease, we may rest assured it is not universal. No matter what circumstances may seem to disprove this conclusion.

5th The Prognosis, when the disease is confined to an external part, is generally favourable, provided we can keep it from suppurating. When this is not in our power, the prognosis is obscure & very uncertain, as apparently mild cases may be very much aggravated, and the worst appearances may occasionally leave their threatening aspect. When the ulcers are deep & contain matter imbedded with sharp acrimony, when they spread, grow, & show no disposition to heal, or even when pain is severe, deep seated among the large joints, small bones of the hand or foot, we have much to fear, and may suspect it originates or has been universal. When abscesses, or even without these symptoms we have tubercles in the lungs, obstinate pains in the abdomen,

emaciation, loss of appetite, & Rectal, & even and
 then but little the hopes of a cure being effected.

Any accidental local affection is much aggravated
 by a profuse habit; and the Combination makes
 both extremely difficult of cure. From my
 therapeutic notions I suppose Cancer cannot exist
 together with Profusa, however should any such
 combination be found I should imagine that both
 would be made more violent thereby.

Piles, which I have seen is a most terrible
 complaint in Profuse persons.

1. The cure of Profusa

There is perhaps thought this agreeable to authors
 I should divide this head into two periods; viz. the
 Mercury during the predisposition; and 2, the treatment
 during the disease itself; but this arrangement
 is improper, as does not believe we have any remedy
 that will cure a mere predisposition to Profusa, before
 the disease itself appears. The directions usually given

the person, supposes to be predisposed to Scrophula are necessary; such for instance as avoiding the causes which I have quoted as belonging to the disease; because these causes are injurious to general health, and will produce an intermittent fever Rheumatism as soon as Scrophula, neither has me to be told here that the general health is to be attended to, for we know in all Complaints this attention is equally necessary.

Therefore I shall proceed immediately to mention such articles as may be supposed to act on the specific disease: and here we will find that the treatment naturally divides itself into Internal Medicines & External applications; both of which may be useful in either healing an ulcer or curing the disease & general system together or separately said

1 The System of remedies in Scrophula are 1st Air bathing, 2^d Poultice of Eel, Sweet Swale; of Air vegetable; 3^d Circulation 3rd Blisters, 4th Electricity & Frictions &c Many have many external applications



applications have been recommended not here mentioned, and some such may be serviceable, but I imagine it is only to some accidental symptoms that attend the disease, & not part of the specific action on Pustula. Otherwise its positive action may have had some good effect in Pustula, tho' I have no confidence in it.

2 Internal Medicines. Upon these we principally depend for a radical cure of Pustula but I am sorry to have observed that Dependence has often proved fallacious. Dr Cullen has said that of fifty Communicages he has met with fifty cases in which not one of them has been of any service. This may well be said of Medicines recommended in Pustula, Proving that many cases of our disease are produced by hereditary predisposition, a trait in ^{the} Stamina of the human body, we are discouraged at the little prospect of finding a cure for it. However such a conclusion is wrong in in some cases at least, we know that predisposition

is produced by natural causes, and it is a general principle that natural causes will admit of other natural agents to counteract them. The medicines employed are. 1st Mercurials of Soda, 2, Mercurials of Potash, 3 Mercurials of Lime, 4 Mercurials of Gold; 5 But Mercurials of Mercury, as an alternative, particularly combined with Cast. Antimon. 6. & The Lisbon Diet drink; 7 A decoction of the individual articles entering into its composition & The vegetable narcotics, particularly cicuta: 9 Opium 10. and as for the different preparations of iron are best. Many other articles are recommended, but the above is a fair sample of them.

Having found myself in an Army & private practice called upon to treat more cases of Erysipela than should have fallen to my lot and finding no few cases had been produced, I was led to reflect more seriously upon its treatment; In the course of my research I was struck with the great number of Mercurials which have been recommended, & upon

the fact, first observed (I think) by professor Goye that the body when plunged into the sea decomposes the mucus of the bowels; & the lungs are affected with mucus and gas being absorbed. Linnaeus. This seemed to indicate that mucus and air was the active agent in the cure produced by sea bathing, or the mucus preparatory.

Another fact in favour of this conclusion is, that I think the mucus which are most strongly recommended are in reason proportion to their affections, for the respective bases, ^{of the salts} which the air possesses.

At the time this view was thus suggested to me, I knew a little patient in Norfolk having a tumour in the neck as large as a walnut, with many smaller ones, which had existed 2 or 3 years. Her general health was excellent. A mercurial purgative was first given & then cicuta in doses of 1 grain of extract gradually increased to 10 grains at a time for one month. At the end of this time her bowels became very much affected in which 10 grains of calomel was given and the cicuta suspended for eight days

Still a no diminution had taken place in the
tumor. The Klencks was now re-commenced & pushed
to the extent her stomach would support, accompanied
with sedative epispastics over the tumefied glands for several
days when her bowels again became costive, together
with some derangement of her mind, which were
obviated by purgation & discontinuing the mercurials:
The glands were now reduced to half their original size.

In a few days the same treatment was again
commenced & continued about one month without
producing any other effect, than the peculiar nature
of the mercurials usually exhibit when fully given.

The blistering seemed to soothe the accidental irri-
tation & thus somewhat reduced the tumor when first
applied, but certainly had no effect on the specific
disease. Her general health & habits were good
and required no change. Now it was, I resorted to
a trico of the Mercuric acid, but I could not easily
discover what quantity should be given in a dose
as I could find no author who recommended the article.

in disease. The I had once given it to a patient yet
as it was originally in gas & is absorbed by water when we
get it from the shops, the strength with can be raised
very new parcel we got of it. As soon I procured
some of it & gave ten drops daily in a wine glass full
of water three times a day; This had no sensible effect
as in this day, I increased the dose to fifteen drops
three times a day. These doses produced at first pain
and then increased action of the bowels, which went
off in a few days, & the pulsation was continued,
gradually increasing, for two months, when not a
relapse of her complaint remained.

In 1812 I was appointed an Hospital Surgeon.
First in the general Hospital of our Army & then
in the military Hospital of the Buffs in this city, where
I remained a few months, & then was ordered to
the general military Hospital at Westbury, where
I continued under Surgeon General Ashby till the Spring
of 1814 when I received a Surgeoncy & left the Hospital.
At this time I had an opportunity to see an

immense number of venereal patients - but believe that
9. of every 10 men received in either of the cities (N.Y. &
New York) had the venereal disease. Many of them
very badly. At least fifty venereal patients were
constantly in the wards of the New York Hospital.

Dr. Chubbey was in the habit of using mercury in
all cases, sometimes with venereal symptoms, and in a
majority of them produced a cure by such practice.
but in a respectable minority this plan failed,
not preceded. These last cases, with diseases
resembling syphilis, caused by, and difficult to
discriminate from it; Indeed from the in-
formation to be derived from a patient it is
at all times difficult to say what his disease is.
(Most of these cases I think took on Scurvy
& scorbutic symptoms, and some of them were
truly the mercurial affection, & hence Mercury
was employed in all of them. These failures gave
to the Doctor enemies an opportunity to have
him suspended by arrest for 2 or 3 months & so

during which time a Dr. Chas. took charge of the
institution, and to show his superior talents, prescribed
Mercur in every case & gave Bicarb acid in Syphilis.
This had no material effect upon most of the
cases. A few appeared to be cured, and a still
fewer members seemed to owe much to this acid
in facilitating the cure by subsequent administration
of the venereal antidote. Dr. Ch. visited the hospital
only once per day, & his orders not being considered
specifically to the contrary in a few cases, sent
-stituted Mercurial acid for the reason, as a mere
experiment, being confident that no particular
antivenereal qualities ^{resided} in the acid used.

As to the ^{kind} what cure was derived from it would
in one case when it seemed to produce a cure
this case tho at the time obscure & unknown.
time, I have now no doubt was really Syphilis.

The following is the substance of the case as I
found it in my Note book.

J. H. Montgomery aged 26 years born in

3.
Vermont a servant of the 4th Regt. was admitted
with "Venereal" on the 19th of Oct. 1813

Has nodes on several of his joints, swell the joints
pains in his abdomen, on the back of his
head; his wrists with an evident tho' deep collection
of matter in the wrist & hand of one side. His ap-
petite is good tho' his food is badly digested &
his body emaciated. Says about four years
ago he had a chancre - which was cured by
a Doctor, soon after but not, and after three
scraps on the skin so. He was several times
bled, and very badly so about 18 months ago when
all of his venereal symptoms seem'd to get perfectly
well. During his convalescent his testicles has frequently
swollen & are painful, soon after his apparent cure
the symptoms he now complains of, commenced.

Below: Dr. J. J. Coors. Dublin: of Mercur. Lapis
with the Lisbon Acid Drink

1 Dec. No amendment in Syphilis; Treatment continued
with the addition of Mercurial plasters on some of his
See page 59 for continuation

Acids, and Emph: Opipracks to others.

This mode of treatment with but little variation was continued without any benefit, ^{near} ~~for~~ ^{the} month.

22 Lang: 1814. This day all of his Medicine ^{is} discontinued, and \mathfrak{z} Muriatic acid given much diluted. & divided 8 or 9.

23 \mathfrak{z} Muriatic acid is given.

24. No effect has been produced by the Muriatic acid & he acts very badly. Complains particularly of his abdomen. \mathfrak{z} of Muriatic is given out of a new parcel. Strength of which is unknown, but is supposed very strong.

25 Considerable pain & griping. 11grs \mathfrak{z} pi, ^{or} acid continued.

26. Griping. Acid continued, \mathfrak{z} ol: rice given. H. operated, griping gone. Acid continued.

27. No particular change. bowels quiet, but the appetite not so good as usual, Acid continued.

28. No great change. Acid continued \mathfrak{z} gr. \mathfrak{z} pi at night.

See page 61 for



10th Unto this day, I can perceive his acid with al:
rice, occasionally, has been used without any sensible
good effect. If of the acid is now given.

20. Has been affected with *Pharyngeal* *tumors*
tumor, which soon went off.

25 The acid has been gradually increased to $\frac{ij}{ss}$ per
day. His pains are not so severe as formerly, the
swelling, has abated, and the matter which appeared
formed on our wrist is absorbed.

1 March. All of his symptoms are much better & the
acid has been given in dose of $\frac{ij}{ss}$ per day. which
is continued.

15 March, his disease is nearly gone, his joints
very weak, his appetite moderately good. Digestion
not much deranged. Upon the dose being increased
to $\frac{ij}{ss}$ of the acid per day, & from a new parcel
much nausea was produced which continued one or
two days, & then went off with a violent purging.

30. He appears well, the ~~disturbance~~

2 April. He is this day pronounced cured.

and discharged from the Hospital. and I have
 never heard of him since, however I am afterwards
 left the district. - Mr. Pitt took give the command
 of this case, each day at length, but as there is
 much repetition I only here have given the
 substance

This case I think was evidently feigned
 and the conclusion may fairly be drawn that
 the Miasmatic and cured it.

I may here observe that we have heard so
 much of the Miasmatic of God curing dysphasia
 that we must suppose it has cured something!
 Now I think it probable that when this
 article has effected a cure, the disease has
 been Peripneumonia following dysphasia.

I need make no more comments, - My
 Thesis is finished! - To make, or attempt
 making any apology to my very much admired
 & respectable teachers in Medicine for my case
 would perhaps be an insult, yet I do say I am

[The text on this page is extremely faint and illegible. It appears to be a list or a series of entries, possibly related to the numbers in the header. The text is organized into columns, but the individual words and numbers cannot be discerned.]

to state, 1st That I could not leave a private practice of Physics, in which I was engaged till near the middle of the present course of Medical lectures which is my third course; but the first so as attended four years ago, the second last winter, when I had military duties also to employ me,

Hence I have not ~~to~~ ^{to} ~~propose~~ an idea of the opinion of our School of Medicine as I should propose. Nor am I so well acquainted with the minutiae of Medical Science.

2^d Altho it has been seven years since I commenced the study of Physics, yet four years of that time having been employed by me in public service, sea & land, it is not to be supposed my reading has been extensive, tho my opportunities of being practical have been considerable.

3^d Having resolved to write upon Sea Scurvy I actually prepared a sort of a Thesis, I had but little time to arrange my present subjects or refer to books, as in a day off and I

must hand my Essay to the proper office for ex-
amination

4 Nothing but absolute necessity should have
induced me to write at all, and nothing but
absolute necessity should have induced to leave
what I have written, with so many "impro-
-rections upon it"

